

MISSOURI GAMING COMMISSION - COMPLAINT FORM

COMPLAINANT				
NAME (LAST, FIRST, MI)		ADDRESS (STREET, RTE, CITY, STATE, ZIP)		
DATE OF BIRTH	SOCIAL SECURITY NO	HOME PHONE	BUSINESS PHONE	BEST TIME TO CONTACT
WITNESSES				
NAME (LAST, FIRST, MI)		ADDRESS (STREET, RTE, CITY, STATE, ZIP)		PHONE
NAME (LAST, FIRST, MI)		ADDRESS (STREET, RTE, CITY, STATE, ZIP)		PHONE
ORGANIZATION INVOLVED				
NAME OF ORGANIZATION		ADDRESS (STREET, RTE, CITY, STATE, ZIP)		
LOCATION OF INCIDENT			DATE OCCURRED	TIME OCCURRED
WORKER(S) INVOLVED				
NAME (LAST, FIRST, MI)				TITLE
NAME (LAST, FIRST, MI)				TITLE
PULL-TAB GAME INVOLVED (IF APPROPRIATE)				
NAME OF PULL-TAB GAME		DENOMINATION	MANUFACTURER	SERIAL NUMBER
DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL PAGES AS NEEDED)				
COMPLAINANT'S SIGNATURE _____ DATE _____				
GAMING COMMISSION USE ONLY				
DATE RECEIVED:	COMPLAINT NO:	PRIORITY CODE:	BINGO LICENSE NUMBER:	INSPECTION REPORT #:
HOW RECEIVED:		INTERVIEWER:		
EVIDENCE OBTAINED (PHOTOS, VIDEO, RECORDS, ETC):				
RESOLUTION	UNFOUNDED:	EXONERATED:	UNSUBSTANTIATED:	SUBSTANTIATED:
LETTER TO COMPLAINANT		OTHER AGENCY NOTIFIED		
REVIEWER:			DATE:	